

CONGREGATE MEALS

1.0 SERVICE DESCRIPTION

- 1.1 A Congregate Meal Service is a nutrition service, which provides nutritionally balanced meals that meet one-third of the daily Dietary Reference Intakes (DRI), as set by the National Research Council (NRC) for this age group and the Dietary Guidelines for Americans (Published by the Secretaries of the Department of Health and Human Services and USDA). Refer to Menu format and DSAAPD guidelines for exact requirements.

2.0 SERVICE UNIT

- 2.1 The unit of service for Congregate Meal Service is one complete meal provided to one eligible participant. A complete meal is one that meets or exceeds one-third of the Dietary Reference Intakes, as defined by DSAAPD.

3.0 SERVICE GOAL

- 3.1 The goal of the Congregate Meal Service is to provide a nutritious mid-day meal to improve or maintain nutritional status and to maintain the maximum functioning and independence of the individual.
- 3.2 The Congregate Meal Program is designed to provide low-cost, nutritious meals, and other nutrition services, including outreach, nutrition education, dietary counseling and nutrition screening to older persons. Meals may be hot, cold or approved medical foods.

4.0 SERVICE AREA

- 4.1 Services shall be available statewide to eligible persons. However, specific Providers may serve sub-areas, with the approval of the Division of Services for Aging and Adults with Physical Disabilities.

5.0 LOCATION OF SERVICE DELIVERY

- 5.1 The congregate meals are served in nutrition sites, which may be located in senior centers, churches, schools, community centers, and other public and private facilities under the supervision of a nutrition project.

6.0 ELIGIBILITY

- 6.1 Congregate nutrition services shall be available to persons 60 years of age or older and their spouses (regardless of the age of spouse); the age-eligible participant must be a registered participant of the program. "Eligible individuals" include persons providing designated volunteer services during the meal hours. The services may also be made available to handicapped or disabled persons under 60 years of age who reside in housing facilities where congregate meals are served and which are

primarily occupied by elderly persons or reside at home with older individuals who are eligible.

- 6.2 In determining the need for Congregate Meal Services, projects shall pay particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

7.0 SERVICE STANDARDS

Congregate Meal Service must meet or exceed the following standards:

- 7.1 The specific role of the sponsor in the nutrition site must be defined by the Project through written agreement. Sponsorship should include a minimum of the following standards:
 - 7.2 Provide office/desk space and telephone for the use of the site manager.
 - 7.3 Provide utilities and custodial service.
 - 7.4 Be responsible for recruiting volunteers to assist with the meal program.
 - 7.5 Provide use of service and dining area for the distribution of meals.
 - 7.6 Provide a clear, convenient entrance to the building for food delivery, which includes snow removal, if meals are served.
 - 7.7 Allow staff of the sponsoring agency to attend appropriate training or staff meetings.
- 7.8 An annual plan must be submitted to DSAAPD by mid-April on projected growth and any modifications in existing meal services for the coming year. Current demographic data must support the plan.
- 7.9 Participants must be provided with information on how needed services (e.g. Medicare, Medicaid, SSI, transit, housing, etc.) may be obtained and must be provided assistance in gaining access to those services.
- 7.10 Projects must provide nutrition education to participants at least once a quarter. Nutrition education will support goals and objectives of National and State health education and disease prevention initiatives (e.g. State Plan on Aging, Healthy DE 2010, Healthy People 2010) as well as the results of the nutrition screening. Topics must be submitted to the DSAAPD nutritionist for approval. The Project dietitian can conduct the sessions. The use of other educational resources/organizations is encouraged.
- 7.11 All site staff must be fully trained and qualified, per DSAAPD policies.
- 7.12 As evidence of good cost control, projects are expected to have food items costed per menu items and per meal. An accurate cost of USDA commodities utilized must be included.
- 7.13 Personnel and volunteers associated with the Congregate Meal Service should be trained in the most recent FDA Food Code specifications for sanitary handling of food as well as fire safety and basic first aid, particularly in dealing with choking and coronary events.
- 7.14 Projects must establish a policy to document proof of age.
- 7.15 All staff and guests under age 60 are allowed to participate in the meal program, unless the site has a waiting list, and are required to pay the full cost of the meal.

- 7.16 Projects must develop, implement and annually update a policy manual containing, at minimum, the following information:
 - 7.16.1 Fiscal management
 - 7.16.2 Foodservice Management
 - 7.16.3 Safety and Sanitation
 - 7.16.4 Staff Responsibilities
 - 7.16.5 The manual should address all DSAAPD specifications, policies and procedures and terms of the General Assurances.
- 7.17 Food Service Staff should be trained in and adhere to the most recent FDA Food Code specifications for food safety, including temperature control of foods.
- 7.18 When meal service is subcontracted, the project must follow formal procedures for procuring the cost-effective, sanitary, quality meal service and maintain a system for monitoring the service provider. A signed contract must be available within 60 days from the beginning of the contract year, i.e. by December 1.
- 7.19 When meal service is subcontracted for over \$15,000, the project must follow competitive bid procedures unless exempted by DSAAPD.
- 7.20 Usage of USDA foods must be continually documented.
- 7.21 The project must maintain adequate storage practices, inventory control of USDA commodities and insure that its use is in conformance with the requirements of USDA.
- 7.22 Projects must attempt to complete a NAPIS intake form on every meal participant.
- 7.23 Projects must collect and report the information required by NAPIS and send the information to DSAAPD, as agreed upon.
- 7.24 Information on the NAPIS intake form must be reviewed and changes updated annually.
- 7.25 Projects must conduct Nutrition Screening annually on all participants using the DSAAPD/NAPIS form. Selected “high-risk” clients will be contacted by the nutritionist responsible for screening regarding counseling/nutrition education needs. Selected high-risk clients will be contacted by the nutritionist for follow-up. A nutrition screening plan with designated interventions will be submitted on Attachment A and will be monitored for compliance.
- 7.26 Projects can offer medical foods as meal replacements to medically/nutritionally at risk clients. Projects cannot provide medical foods as a supplement to a regular meal. At least 3 of the approved products must be available to clients (refer to DSAAPD policy on Medical Foods). Required assessment and follow-up to be completed by screening nutritionist.
- 7.27 Each meal served by the Nutrition Service provider must contain at least one third of the current Dietary Reference Intakes and meet requirements stipulated by DSAAPD.
- 7.28 A cycle menu is required of all projects.

- 7.29 The Project's Registered Dietitian must approve the cycle menu to ensure each meal meets one third of the DRI (for DSAAPD selected nutrients) as well as menu guidelines developed by DSAAPD. The approval form, menus and analysis signed by the Registered Dietitian must be submitted to DSAAPD for approval at least two weeks prior to consumption.
- 7.30 Excess food may not be saved and re-combined into meals served to clients. Re-combined foods are not a reimbursable meal.
- 7.31 The daily menu pattern and applicable food standards are described in (Attachments B and C) and hereby attached.
- 7.32 Changes to the cycle menu must be recorded, analyzed and submitted to DSAAPD with the monthly invoice.
- 7.33 All meals must be analyzed for nutrient adequacy including breakfast, emergency, back-up, and evening and holiday meals.
- 7.34 All meals must be analyzed prior to consumption. All labels and recipes must be analyzed and checked for accuracy by the agency Registered Dietician.
- 7.35 Congregate Meal Service must be provided in a suitable facility which meets the following criteria established by the Division of Services for Aging and Adults with Physical Disabilities:
 - 7.35.1 The site must meet the minimum standard of the State of Delaware's Building, Fire and Environmental Services Regulation.
 - 7.35.2 The site must have a pleasant environment, adequate lighting, and pleasing décor.
 - 7.35.3 Site must be in compliance with Section 504 of the Rehabilitation Act.
 - 7.35.4 The site must make special provisions as necessary for the service of meals to eligible handicapped individuals with limited mobility.
 - 7.35.5 The site must be available for a minimum of four (4) hours daily.
 - 7.35.6 The site manager, as advised by the Project Director, must have a plan of operation, describing coordination with other community resources and programs.
 - 7.35.7 The Project Director must ensure that site staff and volunteers are adequately trained to follow safe and sanitary procedures when handling foods (of most recent FDA Food Code).
 - 7.35.8 The site must make provision for the recipients of services to assist the site staff in planning and developing relevant programs.
 - 7.35.9 Sites serving more than 15 meals must have a Site Manager, paid, volunteer or in-kind. This person is responsible for site operations relating to the nutrition program.

7.36 Prohibited activities

7.36.1 For purposes of the Division of Services for Aging and Adults with Physical Disabilities planning and reimbursement, Congregate Meal Service may not include any of the following components:

7.36.1.1 Providing meals to ineligible persons.

7.36.1.2 Providing supportive services other than outreach, referrals, nutrition education and nutritional counseling.

7.36.1.3 Denying services to eligible persons because of his/her inability or failure to contribute to the cost of meals.

7.36.1.4 Providing a take out meal in addition to a regular meal.

7.37 Staffing requirements

7.37.1 Each provider must have on-staff a full time Project Director who will be responsible for the overall daily operation of the Nutrition Program. The Project Director must have a minimum of a Bachelor's Degree in Food Service and/or Nutrition and two (2) years of experience managing a food/nutrition related program. Responsibilities include supervision of staff, ensuring compliance to DSAAPD specifications, and maintaining contact with funding agency and clients.

7.37.2 If the agency is directly responsible for the production of the meals, a full-time person should be in charge of directing, monitoring and supervising the food service production and staff. This person should be qualified by education and experience. Educational requirements include a degree in Foods and Nutrition, Food Service, or Hotel and Restaurant Management, or a minimum of three (3) years experience in managing food service production. Each provider must have services of a Registered Dietitian available to the program. A registered Dietitian has fulfilled the academic requirements for membership in the American Dietetic Association and the Committee on Dietetic Registration and is approved by The Division of Services for Aging and Adults with Physical Disabilities' Nutritionist.

8.0 INVOICING REQUIREMENTS

8.1 The contractor will invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, Policy X-Q.

8.2 The following information must be included on the invoice:

8.2.1 Consultant's activity log

8.2.2 Aggregate count of meals:

8.2.2.1 By type of meal

8.2.2.2 By location of meal

8.2.3 Reimbursement rate per type of meal

8.2.4 Totals by type of meal

8.2.5 Total DSAAPD funds earned

9.0 DONATIONS

- 9.1 Participants, family members, and/or caregivers must be informed of the cost of providing adult day services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.
- 9.2 No eligible participant will be denied service because of his/her inability or failure to contribute to the costs.
- 9.3 Providers must have procedures in place to:
 - 9.3.1 Inform applicants, family members and/or caregivers of the cost of providing adult day services and offer them the opportunity to make a voluntary contribution / donation
 - 9.3.2 Protect their privacy with respect to the contribution / donation
 - 9.3.3 Safeguard and account for all donations
 - 9.3.4 Use the contributions to expand services.

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES
CONGREGATE MEAL SERVICES

PLANNED SERVICE UNITS	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
A. Enter the total number of meals served to eligible persons					
B. Break down the number of meals on line A by the following categories:					
1. mid-day meals					
2. all meals that are <i>not</i> mid-day meals					
C. Enter the number of mid-day meals by the following categories:					
1. prepared meals					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
D. Enter the total number of non-mid-day meals by the following categories:					
1. Prepared meals					
▪ Evening					
▪ Breakfast					
2. Medical foods (2 cans = 1 meal)					
3. Specialized medical foods (2 cans = 1 meal)					
E. Enter the number of meals noted on Line A by the following categories:					
1. Holiday					
2. Weekend					
3. Therapeutic/ modified diets					

PLANNED SERVICE UNITS AND PROPOSED OBJECTIVES

CONGREGATE MEAL SERVICES

(continued)

Planned Service Units	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	TOTAL
F. Total number of unduplicated clients served					
1. persons of high nutrition risk					
2. new persons					
G. Number of group education sessions offered to clients					
H. Total hours of nutrition counseling:					
1. Unduplicated persons counseled					
2. High risk persons counseled					
I. Number of information and assistance contacts provided to clients					
J. Number of outreach contacts					
K. Number of training sessions offered to staff and/or volunteers					
L. Number of monitoring visits to sites to assess compliance with DSAAPD requirements					
M. Average total meal donation:					
1. Noon meal					
2. Breakfast					
3. Medical Foods					
4. Evening					

ATTACHMENT A

NUTRITION SCREENING FOLLOW-UP AND INTERVENTION PLAN

Agency _____

Homebound _____ Congregate _____

NSI Statement	Follow-up	Risk clients	Non-risk clients	Staff responsibility
Health Problems				
Eat only 1 meal per day				
No fruits/vegetables				
3 or more alcoholic drinks				
Tooth / mouth problems				
Eat Alone				
3 or More Prescriptions				
Lost Weight				
Gained Weight				
Needs Help With Shopping				
Not Enough Money				

Please follow these instructions to complete this form.

Next to statement from DSAAPD/NAPIS nutrition screening checklist, indicate:

- Type of follow-up planned for the fiscal year
- Type of client (risk vs. non-risk) provided intervention
- Nutrition education planned to address problems (includes newsletters)
- Staff personnel involved in activities

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ATTACHMENT B

MENU FORMAT AND NUTRIENT GUIDELINES FOR MEALS (EXCLUDING BREAKFAST MEALS)

Menu Format

1. Meat and meat substitutes: ≥ 3 ounces (≥ 15 grams of protein) of edible meat or meat substitute must be included in the meal.
 - Meat substitutes may include cheese, eggs, cottage cheese, peanut butter, cooked beans/lentils, nuts, and soy products.
 - Protein sources may be combined to meet the three (3) ounce requirement.
 - The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.
 - The use of low-sodium products is also encouraged, in order to control the total sodium content of the meal.
2. Enriched bread and grain products: a minimum of one (1) serving must be included in the meal. One (1) serving is defined as one (1) slice of bread or $\geq 1/2$ cup of pasta, rice or other grain product and is ≥ 15 grams of carbohydrate.
 - Bread or grain products can both contribute to this requirement.
 - Rice or pasta may be served as a bread alternative or as an extra menu item, in addition to bread.
 - The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.
3. Milk or non-dairy substitute: a minimum of one (1) serving must be included in the meal.

One (1) serving is 8 fluid ounces of milk or a non-dairy substitute e.g. soy milk.

 - Non-dairy beverages may be used to accommodate the preferences of clients who do not use dairy products due to ethnic food preferences.
 - The use of non-fat or low-fat products is encouraged, in order to control the total fat content of the meal.
4. Fruit and/or vegetables: a minimum of two (2) servings must be included in the meal.

A serving is defined as $\geq 1/2$ cup of fruit or vegetable or $\geq 1/2$ cup of fruit or vegetable juice.

 - The minimum serving amount for dried fruit is as follows:
 - 6 halves dried apricots
 - 3 dates
 - 3 dried prunes
 - 2 tablespoons raisins

Potatoes are counted as a vegetable.

 - Vitamin A-rich food sources should be served at least three (3) times per week, to maintain a weekly average of 233mcg of Vitamin A.

5. Fortified margarine or butter: a minimum of one (1) teaspoon may be included in the meal.
 - The margarine or butter can be use in preparation of the meal.
 - One (1) teaspoon mayonnaise, cream cheese, or salad dressing may be substituted. The use of low-fat products is recommended
6. Dessert: one dessert food must be included with the meal. A minimum serving size of $\geq 1/2$ cup of pudding, gelatin, fruit or fruit dessert is required.
 - Other dessert items can be portioned by the agency, considering client preferences and commonly acceptable serving sizes.

Nutrient Analysis Guidelines

All meals qualifying for DSAAPD reimbursement must meet the follow nutrient guidelines, as documented by menu analysis.

Calories	≥ 600 calories
Protein	≥ 15 grams
Calcium	≥ 400 milligrams
Vitamin C	≥ 25 milligrams
Fiber	≥ 7 grams
Vitamin A	A weekly average of ≥ 233 RAE (233 mcg) is required for clients documented as receiving five meals a week.
Fat	$\leq 30\%$ of total calories weekly average** No meal to exceed 35%
Sodium	~ 1000 milligrams weekly average** No meal to exceed 1200 milligrams
Potassium	~ 1565 milligrams
B12	$= 0.8$ micrograms
Magnesium	~ 107 milligrams, weekly average of 90mg
Vitamin D	~ 5 micrograms

** Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages the provision of healthful meals for all clients, which precludes excessive amounts of fat, cholesterol and sodium.

** While every effort should be made with vendors to include these guidelines, if it is not possible, shelf-stable, emergency meals will not be required to adhere to these guidelines.

Condiments need not be included in analysis, so long as they are served on the side and not mixed in with food components of the meal.

ATTACHMENT B

MENU FORMAT AND NUTRIENT GUIDELINES FOR BREAKFAST MEALS

Menu Format

1. Meat and Meat Substitutes: ≥ 2 ounces of meat or substitute must be included in the breakfast meal. The meat or meat substitute must contain a minimum of 12 grams of protein, excluding the protein contained in the required milk serving. The amount of food needed to meet this requirement is contained in the following table.

Food	Amount equivalent to 2 ounces of meat or meat substitute (i.e. protein content)
Poultry, fish, meat	2 ounces
Cheese	2 ounces
Egg	2 large eggs (~ 50 grams each)
Cottage cheese	Volume/amount containing 12 grams of protein
Peanut butter	3 tablespoons (~48 grams)
Cooked beans	Volume/amount containing 12 grams of protein
Tofu	Volume/amount containing 12 grams of protein
Yogurt	Volume equivalent to 12 grams of protein.

Protein sources may be combined to meet the 2 ounce requirement, e.g. 1 egg and 1 ounce of ham.

The use of low-fat and fat-free products is encouraged, in order to control the total fat content of the meal.

The use of low-sodium products is encouraged, in order to control the total sodium content of the meal.

2. Enriched Bread and Grain Products: One serving is ≥ 1 ounce or $\geq \frac{1}{2}$ cup of prepared cereal or other grain product. One serving is ≥ 15 grams of carbohydrate. Foods in this group include waffles, pancakes, cereals, french toast, fortified bakery products, muffins, bagels, tortillas and breads. The use of whole grain foods is encouraged, in order to increase the fiber content of the meal.
3. Milk or non-dairy substitute: One serving is 8 fluid ounces of milk or a non-dairy substitute, e.g. soymilk. Non-dairy beverages may be used to accommodate the preferences of clients who do not use dairy products due to ethnic food preferences... The use of non-fat or low-fat products is encouraged, in order to control the total fat content of the meal.

ATTACHMENT B

MENU FORMAT AND NUTRIENT GUIDELINES FOR BREAKFAST MEALS

(continued)

- 4 Fruit and/or vegetables: Two or more servings of fruit and/or vegetables must be included in the breakfast meal. A serving is defined as $\geq \frac{1}{2}$ cup of fresh or canned fruit or vegetables, $\geq \frac{1}{2}$ cup of fruit or vegetable juice.

The minimum servings for dried fruit are as follows:

- 6 halves dried apricots
- 3 dates
- 3 dried prunes
- 2 tablespoons raisins

B. Nutrient Analysis Guidelines

All meals qualifying for DSAAPD reimbursement must meet the following nutrient guidelines:

Calories	≥ 600 calories
Protein	≥ 15 grams
Calcium	≥ 400 milligrams
Vitamin C	≥ 25 milligrams
Fiber	≥ 7 grams
Vitamin A	A weekly average of ≥ 233 RAE (233 mcg) is required for clients documented as receiving five meals a week.
Fat	$\leq 30\%$ of total calories * No meal to exceed 35%
Sodium	~ 1000 milligrams * No meal to exceed 1200 milligrams
Potassium	~ 1565 milligrams
B12	$= 0.8$ micrograms
Magnesium	~ 107 milligrams
Vitamin D	~ 5 micrograms

* Occasional meals that exceed these recommendations will be allowed. DSAAPD encourages provision of healthful meals for all clients, which precludes excessive amounts of fats, cholesterol and sodium.

ATTACHMENT C

FOOD STANDARDS

- A. All foods used shall be in conformance with the State guidelines for menu planning and the following specifications.
- B. The grade minimums recommended for food items are as follows:
1. Meat – Only those meats or meat products which are slaughtered, processed and manufactured in plants participating in the U.S. Department of Agriculture inspection program can be used. Meats and meat products must bear the appropriate inspection seals and be sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meats for dry heat cooking shall be of Choice Grade and those for moist heat cooking shall be of Good Grade or better
 2. Poultry and Seafood – When served as whole pieces, poultry and seafood shall be U.S. Grade A.
 3. Eggs – U.S. Grade A, all eggs must be free from cracks. Dried, liquid or frozen eggs shall be pasteurized.
 4. Meat extenders – Soy protein added to extend meat products shall not extend 15% of net weight of the meat used and shall be used only when acceptable product results.
 5. Fresh Fruits and Vegetables – Shall be of good quality (USDA #1) relatively free of bruises and defects.
 6. Canned and Frozen Fruits and Vegetables – Grade A used in all menu items, including combination dishes, i.e., gelatins, soufflés.
 7. Dairy Products – USDA Grade A Homogenized milk (skim, 1%, or 2%), all fortified with Vitamin A and D shall be offered.
- Only commercially preserved foods may be used (No home canned foods).
- C. Food, at all times, shall be prepared in a means that would maximize its palatability and appearance and maintain its nutritional value. Appropriate garnishes shall be provided.
- D. Minimum portions (cooked weights or edible portions)
- Roast meats, boneless chops, steaks, boneless turkey and cutlets – 3 oz.
 - Bone in chops, breaded meats or seafood – 4 oz.

ATTACHMENT C

FOOD STANDARDS

(continued)

- Chicken with bone – 5 oz.
- Chopped steaks, meatloaf – 3 oz.
- Eggs – 1 large egg is equivalent to 1 oz. of protein requirement.
- Dried beans, peas, lentils – ½ cup equal to 1 oz. of protein requirements (must be used in combination with whole grain products, egg, cheese, or meat product).
- Soup used as a vegetable must contain a minimum of 4 oz. of vegetables (drained weight).
- Gelatin salad used as a fruit and/or vegetable requirement must be enriched with Vitamin C.
- Instant mashed potatoes utilized for the vegetable requirements must be enriched with Vitamin C.
- All grain products used must be enriched.

NOTE: Combinations of protein foods can be used to serve the 3 oz. requirement.

ATTACHMENT D

**MENU APPROVAL FORM
FOR CONGREGATE AND HOME DELIVERED MEALS
TITLE III NUTRITION PROGRAM**

Signature of Dietitian _____

Registration Number _____

Print Name _____

Contact Phone Number _____

Address _____

Nutrition Project Director _____

Contact Phone Number _____

Address _____

- _____
1. This menu shall consist minimally of a _____ week cycle of regular diet meals and shall be representative of the current six month period. Attach cycle menu, menu as served (if different), weekly nutrient average, daily nutrient analysis.
2. For those participants requiring menu modifications for reasons of health, diabetes, hypertension, heart disease, etc., modified diets can be provided in accordance with established regulations. Modified diet menus must be reviewed and approved by the dietitian. Please indicate those modified diets which are provided.